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PTO/SB/81 (11-04)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/681,586
	Filing Date	May 2, 2001
	First Named Inventor	Victor V. GOGLAK
	Title	METHOD FOR GRAPHICALLY DEPICTING DRUG ADVERSE EFFECT RISKS
	Art Unit	2166
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	597932000200

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/17/05
Name	Victor Gogolak	Telephone	703-356-5864
Title and Company	Chief Executive Officer DrugLogic, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.